| Please type | a plus sigi | (+) inside | this box | \rightarrow | F |
|-------------|-------------|------------|----------|---------------|---|
|-------------|-------------|------------|----------|---------------|---|

PTO/SB/21 (08-00)
Approved for use through 10/31/2002. OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

| Under the Paperwork Reduction Ac | t of 1995, no persons are required | d to respond to a collection of | of information unless it displays a valid OMB control number. | | | |
|--|-------------------------------------|---------------------------------|---|----------|--|--|
| | | Application Num | mber 09/978,498 |) | | |
| TRAN | ISMITTAL | Filing Date | October 15, 2001 | | | |
| FORM | | First Named Inve | ventor Adrian Clausell | | | |
| (to be used for all cor | rrespondence after initial filing | g) Group Art Unit | Unknown | | | |
| | | Examiner Name | Unknown | | | |
| Total Number of Pa | ges in This Submission | 7 Attorney Docket N | Number 2055-181 |) | | |
| ENCLOSURES (check all that apply) | | | | | | |
| Fee Attached Amendment / Reply After Final Affidavits/declara Extension of Time Required Express Abandonment I Information Disclosure S | Amendment / Reply Licensin | | Property Rights State- ment to DOE and/or NASA (42 U.S.C. §§ 2182 and | Co. Tol. | | |
| Certified Copy of Priority Document(s) Response to Missing Paincomplete Application Response to Missing Paincomplete Application Response to Missing Paincomplete Application | Remarks arts/ sing Parts 52 or 1.53 | PPLICANT, ATTORNE | EY, OR AGENT | | | |
| Firm | SIGNATURE OF A | PPLICANT, ATTORNE | EY, OR AGENT | 1 | | |
| or Individual name D. David Hill | | | | | | |
| Signature Signature | | | | | | |
| Date March 13, 2002 | | | | | | |
| | CERTI | FICATE OF MAILIN | lG | 5 | | |
| I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: 3-14-02 | | | | | | |
| Typed or printed name Joyce E. Davis Signature Date March 14, 2002 | | | | | | |
| Signature | Choyle K. Na | we | Date March 14, 2002 | J | | |

Signature

Date March 14, 2002

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/17 (11-01)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

| | | | Complet if Known | | | | | | |
|---|------------------------------|------------------------|--------------------|-----------------------------|--------|---------------|--|--|---------------|
| FEE TRANSMITTAL | | | 느 | Application Number | | nber | 09/978,498 | | |
| for EV 2002 | | | | Filing Date | | | October 15, 2001 | | |
| for FY 2002 | | | | First Named Inventor | | entor | Adrian Clausell | | |
| Patent fees are subject to annual revision. | | | | Examiner Name | | | Unknown | | |
| Applicant claims small e | ntity status. S | ee 37 CFR 1.27 | | Group Art Unit | | | Unknown | | |
| TOTAL AMOUNT OF PAYMENT (\$) -0- | | | | Attorney Docket No. | | | l No. | 2055-181 | |
| METHOD OF PAYMENT (check all that apply) | | | | FEE CALCULATION (continued) | | | | | |
| Check Credit card Money Other None | | | 3. ADDITIONAL FEES | | | | | | |
| Deposit Account: | | | Large | Large Entity Small Entity | | | | | |
| Deposit 02 166 | | | Fee Cod | Fee | Fee | | | Fee Description | Paid |
| Account U2-100 | 0 | | 105 | e (\$) 130 | 205 | le (\$) 65 | Surcha | rge - late filing fee or on | |
| Deposit Account Name Beckman Coulter, Inc. | | 127 | 50 | 227 | 25 | | rge - late provisional filing | 5 6 | |
| The Commissioner is authorized to: (check all that apply) | | 139 | 130 | 139 | 130 | | aglish specification | 0, | |
| Charge fee(s) indicated below Credit any overpayments | | | 2,520 | l | 2,520 | | ng a request for ex parte reexamination | | |
| Charge any additional fee(s) during the pendency of this application | | 112 | 920* | | 920* | Reques | sting publication of SIR prior to | · · | |
| Charge fee(s) indicated below, except for the filing fee to the above identified deposit account. | | | | | | Examir | ner action | | |
| FEE CALCULATION | | 113 | 1,840* | 113 | 1,840* | | sting publication of SIR after ner action | <u> </u> | |
| 1. BASIC FILING FEE | | 115 | 110 | 215 | 55 | Extens | ion for reply within first month | | |
| Large Entity Small Entity | | 116 | 400 | 216 | 200 | Extensi | on for reply within second month | | |
| Fee Fee Fee Fee Fe | ee Description | Fee Paid | 117 | 920 | 217 | 460 | Extensi | on for reply within third month | |
| | Utility filing fee | F | 118 | 1,440 | 218 | 720 | Extensi | ion for reply within fourth month | |
| 106 330 206 165 D | Design filing fee | | 128 | 1,960 | 228 | 980 | Extensi | on for reply within fifth month | |
| 107 510 207 255 P | Plant filing fee | | 119 | 320 | 219 | 160 | Notice | of Appeal | ļ |
| 108 740 208 370 F | Reissue filing fe | • | 120 | 320 | 220 | 160 | Filing a | brief in support of an appeal | |
| 114 160 214 80 F | Provisional filing | fee | 121 | 280 | 221 | 140 | · · | st for oral hearing | |
| SUI | BTOTAL (1) | (\$) | | 1,510 | | 1,510 | | to institute a public use proceeding | |
| 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE | | 140 | 110 | 240 | 55 | | to revive - unavoidable | | |
| | | Fee from | i | 1,280 1,280 | 241 | 640 | | to revive -unintentional sue fee (or reissue) | |
| Total Claims -20** = | xtra Claims | below Fee Paid | 143 | 460 | 242 | 230 | | issue fee (or reissue) | |
| Independent - 3** = | | | 144 | 620 | 244 | 310 | Plant is | | |
| Multiple Dependent | | 122 | 130 | 122 | 130 | Petition | s to the Commissioner | | |
| | | 123 | 50 | 123 | 50 | | sing fee under 37 CFR 1.17(q) | | |
| Large Entity Small Entity Fee Fee Fee Fee | Ean Danceint | ion | 126 | 180 | 126 | 180 | | sion of Information Disclosure Stmt | |
| Code (\$) Code (\$) | Fee Descript Claims in exces | _ | 581 | 40 | 581 | 40 | | ing each patent assignment per y (times number of properties) | |
| 1 1 | | ims in excess of 3 | 146 | 740 | 246 | 370 | | submission after final rejection | |
| 104 280 204 140 | Multiple depend | lent claim if not naid | l | | I | | (37 CFI | ₹ § 1.129(a)) | |

| SUBMITTED BY | Complete (if applicable) | | |
|-------------------|--|------------------------|--|
| Name (Print/Type) | D. David Hill Registration No. (Attorney/Agent) 35,543 | Telephone 714/773-6929 | |
| Signature | With windfill | Date 3-13-02 | |

149 740

179 740

169

900 169

Other fee (specify)

249 370

*Reduced by Basic Filing Fee Paid

900

For each additional invention to be examined (37 CFR § 1.129(b))

370 Request for Continued Examination (RCE)

Request for expedited examination of a design application

SUBTOTAL (3)

104 280

110 18 204 140

42

SUBTOTAL (2)

**or number previously paid, if greater; For Reissues, see above

209

210

Multiple dependent claim, if not paid

** Reissue independent claims

and over original patent

** Reissue claims in excess of 20

(\$)

over original patent

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.